

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025287

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5777

STATE FILE NUMBER

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri.

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2120 Oregon

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

JOSEPH

Middle

A.

Last

VERDIN

4. DATE

Month

June

Day

7

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☒

## 8. DATE OF BIRTH

1/28/1899

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Arehouseman

10b. KIND OF BUSINESS OR INDUSTRY

Biederman Furniture

11. BIRTHPLACE (City and state or country)

Austuria, Spain

12. CITIZEN OF WHAT COUNTRY

Spain

13a. FATHER'S NAME

Anthony Verdin

13b. MOTHER'S MAIDEN NAME

Manuela (Unknown)

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Providencia Luchetti, 2120 Oregon

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Epidermoid Carcinoma of Rectum

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Abdominal metastases

DUE TO (c)

1917

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 23, 1962

to June 7, 1962

and last saw her alive on June 7, 1962

Death occurred at 5:45 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Robert L. M. D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

6/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-11-62

23c. NAME OF CEMETERY OR CREMATORY

St. Matthews Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

JUN 11 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

2 223

3

4 0

5 2

6

7 2

8 2

9

10

11

12 75-0

13

75

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*W W Wilkinson*

Licensed Embalmer No. \_\_\_\_\_

*3575*

P.O. Address \_\_\_\_\_

*M Louis M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.